

EUS/J/P/04-4000

**ERICSSON** 

September 1, 2004

**VIA FACSIMILE**

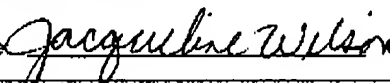
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Date: September 1, 2004Name: Jacqueline Wilson

Signature



Re: Patent Application for:  
"Non-Dedicated Access Node and Switch Connections in a Wireless  
Telecommunications Network"  
Serial No. 09/879,451  
Attorney Docket No. P14636-US1

Dear Sir or Madam:

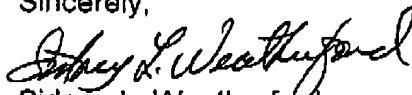
Enclosed for filing please find the following items relating to the above-identified application:

- (1) Transmittal Letter (1 page)
- (2) Response under 37 C.F.R §1.116 (11 pages)
- (3) Submittal of Drawing Replacement Sheets (1 page)
- (4) Replacement Drawing Sheet(s) (1 page)

There is no additional fee for this filing. The commissioner is hereby authorized to charge payment of any additional filing fees required associated with this communication or credit any overpayment to Deposit Account No. 50-1379.

If you have any questions or comments concerning this matter, please feel free to contact the undersigned at 972-583-8656.

Sincerely,


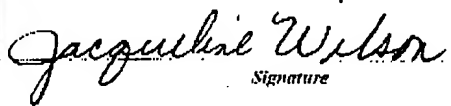
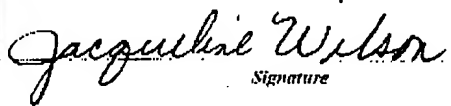
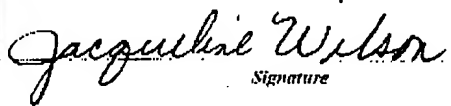


Sidney L. Weatherford  
Intellectual Property Counsel

SLW/jw

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                 |  |                                                      |  |                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                   |  |                          |                 |                                          |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------|--|------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------|--|--------------------------|-----------------|------------------------------------------|--|
| <b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | Docket No.<br><b>P14836-US1</b> |  |                                                      |  |                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                   |  |                          |                 |                                          |  |
| Applicant(s): <b>Dimitrios Papadimitriou et al.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                 |  |                                                      |  |                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                   |  |                          |                 |                                          |  |
| Application No.<br><b>09/879,451</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Filing Date<br><b>June 12, 2001</b> | Examiner<br><b>Willie J. Daniel Jr.</b> | Customer No.<br><b>27045</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Group Art Unit<br><b>2686</b> | Confirmation No.<br><b>3537</b> |  |                                                      |  |                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                   |  |                          |                 |                                          |  |
| Invention: <b>Non-Dedicated Access Node and Switch Connections in a Wireless Telecommunications Network</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                 |  |                                                      |  |                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                   |  |                          |                 |                                          |  |
| <b>COMMISSIONER FOR PATENTS:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                 |  |                                                      |  |                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                   |  |                          |                 |                                          |  |
| Transmitted herewith is an amendment in the above-identified application.<br>The fee has been calculated and is transmitted as shown below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                 |  |                                                      |  |                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                   |  |                          |                 |                                          |  |
| <b>CLAIMS AS AMENDED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                 |  |                                                      |  |                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                   |  |                          |                 |                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | CLAIMS REMAINING<br>AFTER AMENDMENT | HIGHEST #<br>PREV. PAID FOR             | NUMBER EXTRA<br>CLAIMS PRESENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | RATE                          | ADDITIONAL<br>FEE               |  |                                                      |  |                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                   |  |                          |                 |                                          |  |
| <b>TOTAL CLAIMS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>14</b>                           | <b>20</b>                               | <b>0</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>x \$18.00</b>              | <b>\$0.00</b>                   |  |                                                      |  |                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                   |  |                          |                 |                                          |  |
| <b>INDEP. CLAIMS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>3</b>                            | <b>3</b>                                | <b>0</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>x \$86.00</b>              | <b>\$0.00</b>                   |  |                                                      |  |                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                   |  |                          |                 |                                          |  |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                 |  |                                                      |  |                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                   |  |                          |                 |                                          |  |
| <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>\$0.00</b>                   |  |                                                      |  |                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                   |  |                          |                 |                                          |  |
| <input checked="" type="checkbox"/> No additional fee is required for amendment.<br><input type="checkbox"/> Please charge Deposit Account No. 50-1379 in the amount of \$0.00<br><input type="checkbox"/> A check in the amount of to cover the filing fee is enclosed.<br><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 50-1379<br><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.<br><input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. |                                     |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                 |  |                                                      |  |                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                   |  |                          |                 |                                          |  |
| <br>Signature<br><b>Sidney L. Weatherford</b><br>Reg No. 45,602<br>Ericsson Inc.<br>6300 Legacy Drive, M/S EVR 1-C-11<br>Plano, TX 75024                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                         | Dated: <b>September 1, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                 |  |                                                      |  |                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                   |  |                          |                 |                                          |  |
| cc:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                         | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;"><small>Certificate of Mailing or Transmittal</small></td> </tr> <tr> <td colspan="2" style="text-align: center;"><small>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for First class or Express Mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO, on the date indicated below.</small></td> </tr> <tr> <td style="text-align: center;"><br/>Signature</td> <td></td> </tr> <tr> <td style="text-align: center;"><b>Jacqueline Wilson</b></td> <td style="text-align: center;"><b>09/01/04</b></td> </tr> <tr> <td colspan="2" style="text-align: center;"><small>Depositor's Name and Date</small></td> </tr> </table> |                               |                                 |  | <small>Certificate of Mailing or Transmittal</small> |  | <small>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for First class or Express Mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO, on the date indicated below.</small> |  | <br>Signature |  | <b>Jacqueline Wilson</b> | <b>09/01/04</b> | <small>Depositor's Name and Date</small> |  |
| <small>Certificate of Mailing or Transmittal</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                 |  |                                                      |  |                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                   |  |                          |                 |                                          |  |
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| <br>Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                 |  |                                                      |  |                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                   |  |                          |                 |                                          |  |
| <b>Jacqueline Wilson</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>09/01/04</b>                     |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                 |  |                                                      |  |                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                   |  |                          |                 |                                          |  |
| <small>Depositor's Name and Date</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                 |  |                                                      |  |                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                   |  |                          |                 |                                          |  |

P11/LARGE/REV07